## L17000026886

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## COVER LETTER

TO: Registration Section Division of Corporations								
SUBJE		& K Florida	i Investments 4, LLC	.c <mark>e</mark>				
0000	· _		Namo	me of Limited Liability Company				
The enc	losed Ar	ticles of An	nendment and fee(s)	s) are submitted for filing.				
Please r	Please return all correspondence concerning this matter to the following:							
			Matthew Ladyman	in in				
				Name of Person				
			Nishad Khan, PL					
				Firm/Company				
			617 E. Colonial Dr	) r.				
				Address				
			Orlando, FL 32803	13.0				
				City/State and Zip Code				
			matthew@nishadkh	han law.com address: (to be used for future annual report notification)				
Dan Gara	L							
For further information concerning this matter, plea								
Matthew Ladyman				407 228-9711 at ()				
Name of Person			erson	Area Code Daytime Telephone Number				
			following amount:					
\$25	.00 Filin	g Fee	□ \$30.00 Filing For Certificate of \$					
		MAILIN	C AINDRESS.	etherteoubleb andress.				
MAILING ADDRESS: Registration Section				STREET/COURIER ADDRESS: Registration Section				
Division of Corporations P.O. Box 6327				Division of Corporations Clifton Building				
Tallahassee, FL 32314				2661 Executive Center Circle				

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B & K Florida Investments 4, LLG			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our record	<u>is.</u> )	
ll H			
The Articles of Organization for this Limited Liability Compan	y were filed on oboblett	and assigned	
Florida document number 1.17000026886			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
		<u>→ Þ</u> 0/	
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC	O" or the abbreviation "L.M."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	29 SS	
		THE THE	
		9.	
F		<b>7</b> 83	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		is, enter the name of the new	
Name of New Registered Agent:			
107 411			
New Registered Office Address:	Enter Florida street address		
	. <b>F</b>	lorida	
-	City	lorida Zip Code	
New Registered Agent's Signature, if changing Registered Agen	t:		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	ree to act in this capacity. I five performance of my duties, as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is	
If Ch	anging Registered Agent, Signature	of New Registered Agent	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member Address **Type of Action** Title Name Haseeba Khan MGR 901 Armstrong Blvd. Kissimmee, I ■ Add ☐ Remove \_□ Change □ Add ☐ Remove \_□ Change \_□ Add ☐ Remove \_□ Change \_□ Add □ Remove \_ Change □ Add \_□ Remove \_□ Change  $\square$  Add ☐ Remove \_ Change

D. If amending any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filling	g:	5 0207 (2)/b)
Note: If the date inserted in this block does not m	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 neet the applicable statutory filing requirements, this date will not be lis	ted as the
document's effective date on the Department of S	tate's records.	
If the record specifies a delayed effective d (b) The 90th day after the record is filed.	ate, but not an effective time, at 12:01 a.m. on the earli	ier of:
Dated 12017,		
,		
i i		
Signature of a tr	nember or authorized representative of a member	
	Niera Vinna	
	Typed or printed name of signee	
	Page 3 of 3	
JII)	rage 2 of 2	

Filing Fee: \$25.00